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FACSIMILE COVER SHEET

TO: Ms. Wynette

FROM: Peter G. Thurlow (Reg. No. 47,138)

RE: U.S. Patent Appln. No. 09/677,867
Atty. Docket No. 00684.003087.

FAX NO.: 571-273-1626

DATE: March 2, 2004

NO. OF PAGES: 18
(including cover page)

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Date 5, 30, 03

Atty. Docket 00684, 003087

Application No. 09/677,867

Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action.
☒ Check for \$ 144.00 (claims fee)
☐ Petition under 37 CFR 1.136 and Check for \$
☐ Notice of Appeal and Check for \$
☐ Information Disclosure Statement, PTO-1449 and
☐ Claim for priority and certified copies of
☐ Issue fee transmittal and Check for \$
☒ Other (specify) Preliminary Amendment

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37 CFR 1.8 ☐
37 CFR 1.10 ☐
By Hand ☒



In re Application of:

Docket No. 00684.003087.

KOROMO SHIROTA ET AL.

Application No.: 09/677,867

Examiner: K. Feggins

Filed: October 3, 2000

Group Art Unit: 2861

For: INK JET HEAD SUBSTRATE
HAVING HEAT GENERATING
RESISTOR AND INK JET HEAD
AND RECORDING METHOD USING
SAME

Date: May 29, 2003

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THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 34	MINUS	** 26	= 8	x \$9 \$18	\$ 144.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$42 \$84	\$ 000.00
Fee for Multiple Dependent claims \$140*/\$280						\$ 000.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 144.00

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 144.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 29,296

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